

In order to receive a class schedule, student or parent/guardian MUST submit this Health/Emergency Card

Upper School Form

ISD 622/Mounds Park Academy ANNUAL HEALTH & EMERGENCY INFORMATION

Date: _____

Custody Issue*: _____
*see back side if checked

Resides with: Parent 1/Guardian
 Parent 2/Guardian
 Both
 Other

School: _____

Student: _____ Grade: _____ Gender: _____ Birthdate: ____/____/____
Last (legal) First M

Primary Address: _____ City: _____ State: ____ Zip: _____ Phone: (____) _____

Parent 1/Guardian Student Resides with (Print) _____ Place of Employment _____ Work/Cell Number _____

Parent 2/Guardian Student Resides with (Print) _____ Place of Employment _____ Work/Cell Number _____

Email: Parent 1/Guardian _____ Parent 2/Guardian _____

Emergency Contact(s) if Parent/Guardian cannot be reached (Print) _____ Relationship _____ Work/Cell Number _____

List any health conditions/needs, allergies, dietary needs, and/or physical restrictions.

Parent 1/Guardian Signature	Parent 2/Guardian Signature
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Family Doctor/Clinic: _____ Phone: (____)_____ Hospital Preference:_____

Dentist: _____ Phone: (____)_____

Complete for High School Students Grades 9-12

According to MS 121.222 (2005) a secondary student may possess and use non-prescription pain relief such as Tylenol or Motrin. Medications must remain in original container and taken according to directions. Parent/Guardian permission must be given in order for students to “self-carry” non-prescription pain relievers.

I hereby give my child permission to “self-carry” non-prescription pain relievers. Signature: _____

Parent(s)/Guardian(s) Note: The school district does not supply over the counter pain relievers to students. Parent/Guardian will need to supply their child with over the counter pain reliever medication.

Please Note: *The information on this card will be requested annually and will be made available to appropriate staff members. In case an EMERGENCY our procedure will be to attempt to contact the parent/guardian at home or work. The Paramedics or local police may be called for assistance. Your student will be taken to the most appropriate hospital for emergency service if no other arrangements have been made.*

***If custodial issues are involved, please provide the information requested below:**

Are there any restrictions legally placed upon non-custodial parent’s/guardian’s right to information about, or dealing with, the student named above? ___Yes ___No **If yes, a copy of decree needs to be on file at the school.** Please send it to the principal.

If separated or divorced, which parent(s) or person has legal custody of student: ___Parent 1/Guardian ___Parent 2/Guardian ___Both ___Other

May we contact non-custodial parent/guardian in emergency? ___Yes ___No **If no, a copy of decree needs to be on file at school.**

Is student allowed to leave with non-custodial parent/guardian? ___Yes ___No **If no, a copy of decree needs to be on file at school.**